

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9/287884	FILING DATE					
							APPLICANT(S)						
7-29-05 CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2	1		1				52						
3		2		2			53						
4		2		2			54						
5		2		2			55						
6		2		2			56						
7		2		2			57						
8		2		2			58						
9		2		2			59						
10	1						60						
11	1						61						
12		1		1			62						
13		1		1			63						
14		1		1			64						
15		1		1			65						
16							66						
17							67						
18							68						
19							69						
20							70						
21						1	71						
22						1	72						
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25						1	75						
26						1	76						
27						1	77						
28						1	78						
29						1	79						
30						1	80						
31						1	81						
32						1	82						
33						1	83						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4		4		TOTAL IND.						
TOTAL DEP.	18		18		10		TOTAL DEP.						
TOTAL CLAIMS	22		22		14		TOTAL CLAIMS						

PTO-1269 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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